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CONFIRMATION NO. 1518

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|---|---|---------------------------------|---|---|----------------------------------|
| SERIAL NUMBER 10/771,057 ✓ | FILING OR 371(c) DATE 02/03/2004 ✓ RULE | CLASS 424 ✓ 514 ✓ | GROUP ART UNIT 1616 ✓ | ATTORNEY DOCKET NO. GEC-001-2US ✓ | |
| APPLICANTS Gregory E. Conner, Coconut Grove, FL; ✓ | | | | | |
| ** CONTINUING DATA ***** This application is a CIP of 10/146,405 05/14/2002 PAT 6,702,998 which claims benefit of 60/291,210 05/15/2001 ✓ | | | | | |
| ** FOREIGN APPLICATIONS ***** NONE | | | | | |
| IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY ** ** 05/03/2004 | | | | | |
| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <i>James H. [Signature]</i> Examiner's Signature Initials | | STATE OR COUNTRY FL ✓ | SHEETS DRAWING 0 ✓ | TOTAL CLAIMS 20 ✓ | INDEPENDENT CLAIMS 3 ✓ |
| ADDRESS Gregory E. Conner Department of Cell Biology and Anatomy; R-124 University of Miami School of Medicine P.O. Box 016960 Miami, FL 33101 | | | | | |
| TITLE Novel methods and devices for treating lung dysfunction ✓ | | | | | |
| FILING FEE RECEIVED 385 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit | | |